

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G673		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2011	
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN46615			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/06/11</p> <p>Facility Number: 009114 Provider Number: 15G673 AIM Number: 100244780</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dungarvin Indiana, LLC was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.25.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/08/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0130	<p>Based on observation and interview, the facility failed to ensure 3 of 3 fire extinguishers were inspected monthly and the results documented. LSC 4.6.12.2 requires existing life safety features obvious to the public to be maintained. NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition, in Section 4-2.1 defines "inspection" as a quick check an extinguisher is available and will operate. This is to be done by seeing the fire extinguisher is in its designated place, it has not been actuated or tampered with, and there is no obvious or physical damage or condition to prevent operation. Section 4-3.1 requires inspection of extinguishers monthly and Section 4-3.4.2 requires at least the date of inspection and the initials of the person performing the inspection be recorded. This deficient practice affects all clients, staff and visitors.</p>			K0130	<p>The fire extinguishers at the Oxford home have been equipped with a tag that is held in a plastic sleeve and secured to the body of the fire extinguisher. The tag can be removed and documented on following inspections. This should also allow the tag to remain with the fire extinguisher and not be easily removed by the individual who was taking them off because of behaviors previously. In the event that the tag is missing from the fire extinguisher during monthly checks, the person doing the check will notify the Program Director, who will also address replacing the card and address further programmatic means to assist the individual who is taking them off to stop that behavior. System wide, all Program Directors and the Maintenance Director will review this standard and assure that this concern does not recur at any other Dungarvin ICF-MR's. Persons Responsible: Program Director/QMRP, Maintenance Director, other designee</p>		10/06/2011

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	<p>Findings include:</p> <p>Based on observation on 09/06/11 at 3:15 p.m. with the home manager, the portable fire extinguishers near the kitchen and in the sleeping room hallways had no attached documentation of a monthly visual inspection for the current year. The attached monthly inspection tags on the three fire extinguishers were missing because clients would remove or destroy the tags. The home manager stated at the time of observation, she was aware the tags were missing and ignored the need to maintain the documentation.</p>						
KS046	<p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as an extension cord were not used as a substitute for fixed wiring. LSC</p>			KS046	<p>The extension cords in the office area that were used to plug in the computer have been removed. The Program Director and Lead Counselor at the home will be retrained to not use extension cords going forward. System wide, all Program Directors for</p>		10/06/2011

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	<p>33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the home manager on 09/06/11 at 3:25 p.m., an extension cord was in use in the facility office area providing power to a computer. A surge protector plugged into a wall outlet had an orange extension cord plugged into it, which was strung across the room to power the computer. The home manager acknowledged at the time of observation an extension cord was in use.</p>				<p>Dungarvin ICF's will review this standard and assure that extension cords are not being used in this capacity. Persons Responsible: Program Director/QMRP, Lead Counselor</p>		

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